CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928

FACILITY EVALUATION REPORT

FACILITY NAME: VETERANS HOME OF CALIFORNIA

ADMINISTRATOR: VILLANTE, DEIRDRE

ADDRESS:

TRUMAN HALL YOUNTVILLE

CITY: CAPACITY:

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TYPE OF VISIT: Case Management MET WITH: Kathryn Pulliam

FACILITY NUMBER:

FACILITY TYPE: TELEPHONE:

740 (707) 944-4870

94599

280109377

ZIP CODE: DATE:

07/07/2009

TIME BEGAN: 12:00 PM TIME COMPLETED: 03:00 PM

NARRATIVE

LPA Dina Alviso conducted an Annual visit and met with Kathryn Pulliam, Administrator. There are currently 38 residents in care. There are no residents on Hospice at this time. Kathryn's Administrator's Certificate is current.

STATE: CA

CENSUS: 38

UNANNOUNCED

4 5 LPA reviewed 4 staff files and 7 resident files. Most residents handle their own medication. There are 7 residents who have a medi set delivered to their room on a weekly basis. The medi set is prepared by a 7 nurse. The facility is no longer accepting residents needing medi sets delivered; the current residents on medi sets will be the last ones accepted. All medication storage is at the ambulatory care clinic. Snacks are 9 available 24 hours a day. There are common rooms and day rooms with TV and activities for residents in 10 care; the day rooms also have snacks out and coffee/water/etc available to residents. The resident rooms are all on the first floor. There are both private and double rooms, LPA and Administrator inspected a few of the 11 12 double and single rooms. LPA spoke with a few residents; all reported that they enjoy the facility and that the staff are attentive to their needs. LPA observed a resident community meeting being held while touring the 13 facility. Hot water was checked at 117.5F. All fire extinguishers were fully charged. Exits were unobstructed. 14 LA toured the food supply building on the grounds which had an ample supply of perishable and non 15 perishable food. LPA discussed AB749 regarding Facility Emergency Plan; Facility does have a plan including 16 17 supplies/provisions that are available in an emergency.

LPA Alviso gave administrator the LIC 308, LIC 400;LIC 500, and the LIC 610 to complete and submit to the licensing office by 8/7/09.

There are no deficiencies cited on today's visit.

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SUPERVISOR'S NAME: Betsy Rutana

LICENSING EVALUATOR NAME: Dina Alviso

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (707) 588-5026

TELEPHONE: (707) 588-5086

DATE: 07/07/2009

l acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

Kathpyn Fullian

DATE: 07/07/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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